

BAY AREA health LIBERATION News

Issue 5 March-April, 1972

Medical Committee for Human Rights
Bay Area Chapter
P.O. Box 7677
San Francisco, Ca. 94119

Razed section of
Thanh Hoa Hospital
is a result of
December, 1971,
raid on "military
targets."

Demonstrate April 22!
(see inside story)



CALENDAR

- April 8 Neuro Psychology
Conference, U.C. Med.
Center
- April 8 Neuro Psychology Conference
U.C. Medical Center, Medical
Science Building, S.F., 1-5 p.m.
- April 12 Dr. Sidel, chief, Dept. of Social
Medicine, Montefiore Hospital, New
York and professor of Community
Health at Albert Einstein College
of Medicine, Bronx, New York
(see note inside)
- April 22 Festival of People's Struggle
see article page 3
- March 11 Report on Convention and general
discussion of the history of MCHR,
2519 Pacific St., 7:30 p.m.

Contributors: Phil Shapiro,
Stephanie Kline Defense Committee,
Banning Garrett, April 22 Coali-
tion, Ken Barnes, and others.

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FREE HEALTH FREE STEPHANIE

Stephanie Kline is a young pharmacist who works at a community controlled health clinic in the mission district--a latino neighborhood in San Francisco.

About a month ago her car exploded across the bay, in Oakland, killing Tommy Davenport, a black man who she did not know. Although Stephanie was home at a party at the time of the explosion --and has many witnesses to prove it-- and despite the fact that she went to the police to volunteer that information, the police charged her with murder and possession of explosives.

To insure her identification as a suspect, they visited the homes of the eyewitnesses to the explosion and showed them a photograph of Stephanie. Her mug shot then appeared on the front page of all the bay area newspapers, and on evening television news programs. So it was not too surprising when witnesses picked her out of the line-up the next day--wearing the same clothes she had worn on when the mug shot was taken.

While Stephanie was being held in Santa Rita--her ransom price was \$75,000--Stephanie was thrown in the hole for the heinous crime of demanding two books to read. According to the lieutenant at the jail, the books had nothing to do with it. She claimed that Stephanie had been bragging to black cellmates that she had killed a black panther, so, claimed the lieutenant, when one of the cellmates threatened to kill Stephanie she placed her in solitary to 'protect her.' The black woman who allegedly threatened to kill Stephanie stated under oath that the lieutenant was lying, thus thwarting the state's racist attempt to predispose the court towards Stephanie's guilt.

Perhaps you are wondering why Stephanie was subjected to such brutal treatment by the police and prison authorities. Her work with the Medical Committee for Human Rights, her work with the Mission

People's Health Center, and her work with the Bay Area Women's Health Collectives are obvious reasons. The radical literature and posters found in a five-hour police search of her home also help to explain their actions. (During this search they illegally photographed her personal papers, and seized her address books).

This persecution is a callous attempt to intimidate the growing number of people who are becoming aware of the degraded conditions of their daily lives; and who are struggling to change those conditions. It is a warning that the reward for challenging--either directly or indirectly--the system of property relations which concentrates wealth and power in the hands of a small class of people, is imprisonment, and for some, death.

But there is another reason why Stephanie's case is a political one; because it involves a bomb. Over the past several years, there have been numerous bombings directed against military and corporate targets in major cities across the country. The governments inability to solve the vast majority of these cases has resulted in a determination to find a suspect at all costs anytime a

HOUSTON CONFERENCE

On March 9th the Prison Health Committee (PHC) of MCHR moved on to Houston, Texas. There some of the most prestigious neurologists and neurosurgeons from this country and abroad were gathered to participate in a three-day symposium on "The Neural Bases of Violence and Aggression." PHC had just recently sparked a local movement which brought an abrupt halt (for the present) to plans by the California Department of Corrections to employ brain mutilating surgery as a means for the control of "violence-prone" prisoners (to be processed by the MPDU at Vacaville).

The Task Force from the Bay area, consisting of PHC co-chairmen Dick Fine and Phil Shapiro and Ned Opton of Berkeley's Wright Institute was augmented by the addition of Peter Breggin, a member of the Washington D.C. Chapter and faculty member of the Washington School of Psychiatry. Breggin had recently completed nine months making an exhaustive survey of the rapidly increasing use of psychosurgery as a behavior modification or "pacification" technique.

A number of participants had expressed their support of our demand that a spokesman for MCHR be given a place on the program. William S. Fields, symposium program chairman, acceded to this demand and Peter Breggin, in a brilliant paper, delivered a scathing attack on the work of neurosurgeons Frank Ervin and Vernon Mark of Boston (participants in the symposium). Breggin condemned them for performing amygdalotomies for the control

of violent behavior irrespective of its cause. In their book, Violence and the Brain, Ervin and Mark had proposed massive screening of the population as an "early warning system." They suggested this as a method of control of social violence such as for instance took place during the Detroit riots. Breggin went on to point out that in the first wave of psychosurgery of the 1930's-50's 50,000 Americans, mostly mental hospital patients, were subjected to mutilating brain surgery. The now infamous prefrontal lobotomies blunted their minds and emotions in order to make them more easily managed and controlled. Eventually this form of psychosurgery was widely discredited and largely abandoned. Now, however, psychosurgery is experiencing a new lease on life in many countries where its victims are often old people, women, and children (e.g. in Japan and also in Mississippi where brain-surgery is being performed on "hyperactive" school children). To these categories is now being added prisoners who are considered "difficult" by prison authorities. The political implications and potential for abuse are obvious. M. Hunter Brown, a neurosurgeon of Santa Monica who has promoted psychosurgery for "intelligent young psychopaths," grandly asserted at the meeting that he had offered Mr. Procunier, Director of Corrections, the facilities of his hospital and his services for the performance of brain surgery on prisoners. Breggin's position, which had already created a sensation and headlined the front pages of the Houston papers, was warmly applauded.

At a news conference called by MCHR, Susan Ivory, a Houston attorney representing the National Black Lawyers Association, spoke. She discussed the issue of "informed consent in coercive settings" and the political significance of proposals for psychosurgery on prisoners in the context of their rising militancy against oppressive conditions.

During the final session on Saturday a crowd of about 30 people representing radical youth and workers organizations in Houston demanded entrance to the meeting hall. Doors were closed to anyone not ready to pay the \$110 fee. It was finally agreed that all the protesters would be allowed in and that the podium would be given to their spokesman at the end of the program. He presented a resolution calling for the condemnation of psychosurgery as an instrument of racism and class oppression and asked for a vote. At this point Fields announced that the meeting was adjourned.

Although a vote was forestalled, MCHR members left Houston satisfied in the knowledge that national attention now would be focused on the issues involved. Considerable interest in and support for our position had been aroused and a sympathetic press coverage was assured.

bomb goes off. What better suspect than a "well-known Bay Area militant," as the San Francisco press described Stephanie? And what bitter irony that those who feel themselves most threatened by these bombings are the same men who actively support the systematic bombings of North and South Vietnam, Laos, and Cambodia. They are the same people who maintain the lethal living conditions of third world and poor communities here in the U.S. It is these people, not Stephanie, who should be tried for murder.

The 'People of the State of California' are not trying Stephanie for murder -- the wealthy people of California are trying Stephanie for her political beliefs. The end result of their 'justice' is not order, but imprisonment. We must answer this frame-up attempt with a loud NO.

Raise funds to defend Stephanie and mail them to the Stephanie Kline Defense Fund, 931 Dolores St., San Francisco, 94110.

Publicize this typical frame-up attempt.

Attend and support the trial. The next court appearance is on April 6 (Thursday) at 9:15 A.M. in Oakland Superior Court No.5 at 10th and Fallon (take the Jackson St. exit).

(This statement prepared by the Stephanie Kline defense committee.)

(Banning Garrett, author of this article, has just returned from a trip to North Vietnam which lasted from Jan. 14-28. He is a journalist, editor of Two, Three, Many Vietnams, and a member of the Asia Information Group.)

THE WAR CONTINUES

From Dec. 26-30, 1971, the U.S. conducted five days of massive bombing raids over North Vietnam. These were, said U.S. officials, "limited duration protective-reaction" strikes against military targets only. At the same time, Hanoi radio announced, in reports widely carried by the U.S. press, that the U.S. had bombed civilian targets including at least two hospitals and a state farm.



Wounded nurse at Thanh Hoa Hosp. Husband and 3 children were killed in the Dec. raid.

On Jan. 20, I visited one of those targets--the Thanh Hoa Provincial Hospital located in Thanh Hoa city some 80 miles south of Hanoi. The hospital grounds cover several acres and include perhaps 30 buildings. Two had been completely destroyed in the December raids, and three others were damaged. In the middle of the grounds lay an unexploded 750 pound bomb marked "loading date 371" (such marks indicate the date of manufacture, in this case March, 1971).

"The bombing of our hospital could not have been a mistake," Dr. Chi the Vice Director, told me. "The grounds are clearly marked. Also, the entire complex was destroyed once before in 1965 (it was a 550 bed TB hospital then) and the DRV made a public protest at the time. Nevertheless the hospital was attacked several times more before the 1968 bomb halt."

Dr. Tuong, Dean of Surgery of the hospital's medical school, showed me through the medical buildings, introducing me to several persons wounded in the Dec. raids. One, a young boy, had been hit in the head--x-rays showed the pellet which had been lodged there. Another victim, a nurse, had been hit in the chest. She would recover, Dr. Tuong said, as would one of her children. But her husband and three other children had been killed in the raid.

All these wounds had been caused by a new type of anti-personnel bomb which was used for the first time by the U.S. in the Dec. air raids.

The older bomb is smaller. Embedded in its spherical casing are round steel pellets which look like ball bearings. When the bomb explodes the pellets shoot out in all directions. The new bomb, which is heavier and larger, works on the same principle, except that it is constructed with a special alloy so that the entire bomb casing shatters into hundreds of splinters of irregular shapes and sizes. It contains more explosive powder, giving the splinters a velocity of 1200 meters per second, approximately that of a bullet.

The new bomb causes wounds which are harder to treat than are those of the older weapon. As the surgeon at the Thanh Hoa Hospital pointed out to me, the splinter wounds are larger and are like tears in the flesh as opposed to round holes caused by the pellets.

Like all anti-personnel weapons used by the U.S., this new bomb dropped on the Thanh Hoa Hospital and nearby villages in December is designated for the civilian population. It could have little effect against "military" targets

While for the American people the war may appear to be winding down, for the Indochinese it has only become more vicious and cruel.

Nguyen-thi-Thao, 3 mos. Father killed and mother wounded in raid.



When the Nixon administration began its policies of "Vietnamization" and "winding down" of the war in Southeast Asia most observers believed that these actions would successfully defuse the American anti-war movement.

This view was certainly short-sighted, as experience has revealed. The anti-war movement is definitely not dead; and, as a recent Harris poll indicated, the American people have hardly lost interest in the problem of Vietnam. What has happened is that more and more people have begun to fuse their justified concern with domestic problems to their strong desire for peace.

Most Americans understand that Nixon's failure to achieve a just peace is part of his failure to deal with domestic crises at home.

This failure is clearly evident in the government's attempt to shift the economic cost of Vietnamization onto the average citizen through the anti-labor policies of the NEP. Cutbacks in vital social services, anti-labor activity, and the most vicious political repression, directed particularly against minority peoples through the courts and prisons, have been the key touchstones of current policy.

This year April 22 has been designated an international day of protest against the war. The Bay Area April 22 Coalition, which represents a broad cross section of the anti-war movement, has called for a demonstration to be held in San Francisco's Golden Gate Park.

The Bay Area 22 Coalition stands for: 1) an end to U.S. aggression in Indochina and support for the Provisional Revolutionary Governments 7-point plan for peace in Vietnam; 2) an end to U.S. interference in the internal affairs of any country; 3) an end to Nixon's domestic policies of political, economic, racial, and sexist repression.

Key to these demands is, of course, the PRG proposal. This peace plan was first presented in Paris on July 1, 1971. Its two basic points, fundamental to any genuine settlement of the war, are: 1) The U.S. must set a date for the total withdrawal of all U.S. troops, military personnel, weapons and war materials and those of its allies; 2) The U.S. must end its intervention in the internal affairs of South Vietnam and stop backing the regime of Nguyen Van Thieu.

This year the march will be short, beginning in the panhandle and ending at Kezar Stadium, focus of the afternoon's activity. At Kezar interest will center around displays on the war, women, life in China, liberation struggles abroad, medical care, GI's, racism, and the labor movement.

Entertainment will be provided by relevant and tasteful performers like the S.F. Mime Troupe and Country Joe McDonald. The Vietnam Veterans Against the War are planning a special presentation in coordination with Pentagon Papers defendant Tony Russo. In addition, five or six speakers, including Chicago Conspiracy defendant Dave Dellinger, Juan Gonzales, a leader of the Puerto Rican Young Lords Party, and Robert Sheer, former editor of Ramparts Magazine, will discuss issues of particular importance to the movement. Angela Davis has also been invited but it is not as yet clear if her legal situation will permit her appearance.

People interested in building the demonstration should call 848-3068 in the East Bay, 626-1907 in the city and 328-4941 on the Peninsula.

DANGER ON THE JOB

On Saturday, March 11, MCHR and the National Lawyers Guild co-sponsored the first of several local conferences on occupational health and safety. The conference took place at the Bethany Methodist Church in San Francisco, and was attended by 60 workers, legal, and health people from the Bay Area, Central Valley, and Los Angeles.

Realizing that for too long health and legal people have been part of the problem, the morning session consisted of workers from the glass, garment, and construction industries telling of their own personal experiences with health and safety problems in their workplaces. Always informative, and occasionally impassioned, the workers conveyed to health and legal people the enormity of the problems they faced, both with regard to the actual hazards as well as the problems encountered in dealing politically with management, unions, and other workers.

Special problems of each industry were discussed. Glass workers are faced with allergic skin reactions, inflamed and painful tendons in their hands due to and repetative motions, hearing loss

MCHR OFFICE

The office is finally opening in April. Again, we desperately need paint, varnish, wood (for shelves, flooring, 2x4's etc.) painting equipment, cleaning equipment and all kinds of office supplies and furniture. Most desperately needed is an IBM Selective typewriter or money towards one--they cost \$300-\$400 used, but we have to have one to type our newsletter and mailing list on. The value of used equipment or money can be written off as a tax deductible contribution--just ask us for a receipt. Also, more Blue chip stamps are needed--thanx to all anonymous donors of them in the last few months.

MCHR NATIONAL CONVENTIO

MCHR's National Convention is happening April 27-30 in Chicago. This convention is planned to be a very extensive set of sessions around key health organizing issues--Prison Health, occupational Health, Health consumer issues, woman's health, etc.. Each major issue will have four sets of workshops devoted to it for training in that kind of organizing, political discussion, experience sharing, case studies etc.. We expect 500-600 people from all over the country and want everyone's participation. Since the West Coast is so far away, we're trying to charter 52 seats on a plane which will cost \$120 round trip per person. People will all leave together, but can come back on different flights. Housing will be provided. If you are interested, please call MCHR at 626-2246 or write right away because we have to finalize details soon. If you feel you cannot attend but wish others to, there are health workers who want desperately to go but cannot afford to. Please send your contributions to MCHR, Box 7677, S.F. 94119.

from the high noise levels always present, silicosis (a lung disease) from the inhalation of glass particles, and hand and facial cuts from broken glass, among many.

The garment industry, with the great majority of its workers being third world women, has a similar problem with workers tendons, due to repetative work. In addition, veins in their hands are injured because of the particular motions necessary in working with these machines. Speed-up of the assembly line is common, and causes much mental strain, leading to a relatively high absentee rate as well as job turn-over.

The representative from the construction industry, a worker who has been active in mine struggles for the past 30 years, ran down the history of unionization in mining. He told of the Mine, Mill and Smelters Union, and the Industrial Workers of the World, two unions of the 1930's, which did help keep mining conditions acceptable, but which were no longer in existence because they had the workers cause foremost in their thinking. The worker, himself suffering from silicosis and partially deaf from his mining years, told of the accidents we hear about so often, but also read from newspaper clippings about the inaction and unconcern of management and government towards the victims.

Recurring through all their presentations were several themes. First, most doctors and lawyers rip off workers when it comes to dealing with occupational health problems. Most are tools of management or the insurance companies, and a conspiracy of silence exists among health and legal people in so far as their attempting to understand, expose, and lend their technical skills to correcting working conditions. Secondly, lawyers are needed to establish precedents with specific cases dealing with workmens compensation, and then that information must be spread as widely as possible so that other similarly afflicted workers can utilize it. Finally, they pointed out that when health and safety questions are raised, by workers, firing often follows quickly.

The afternoon session concentrated on how to properly handle a workmens compensation case, presented from a legal, health and worker point of view. A lawyer discussed the California Workmens Compensation Law, and how lawyers can most effectively file and win workers more and better benefits.

SIDEL

MCHR is looking forward to an eyewitness report by Victor W. Sidel, M.D., at Pauley Ballroom, U.C. Berkeley, April 12, at 8 p.m. Dr. Sidel has just recently returned from a six week's visit to China as guest of the Chinese Medical Association. He will bring slides of his visit and operations he has viewed including acupuncture therapy. An admission of \$2 (\$1.50 for students/unemployed) will be charged. The event is co-sponsored by MCHR and the U.S. China Friendship Association.

An MCHR doctor told of MCHR's national occupational health project, spoke of the 50-60 workers dying daily from work related injuries, and of the 10,000 workers who are daily disabled for the same reasons. He also talked about how doctors can aid workers in compensation cases by believing them and being sympathetic to their cause, and discussed how to take and write a proper history for compensation cases. The special problems of dealing with a management and the insurance companies were also raised. The worker on the panel discussed the particular problems his union has in dealing with the myriad of laws designed to "protect" people working on the docks in S.F. and how even all these laws do not do the job. He said that on any shift there were always some dangerous conditions present which were illegal, and dealing with them was a constant problem. Another lawyer discussed "third party suits" explaining that if the worker, doctor and lawyer looked carefully enough, a larger corporation or business could almost always be used in addition to filing for workmens compensation. An example presented by the longshore worker on the panel would be an accident occurring on the docks; not only could the worker file for compensation, but he could also sue the shipbuilder for faulty equipment on board.

Finally a very heated political discussion took place, with several people attacking organizing around workman's compensation as reformist, and not dealing with the basic issues of class contradiction and exploitation of workers, and the need for a "marxist-leninist united workers party." Eloquenty expressed by a worker was the fear that we all realized the depth and breadth of the problem, with its roots in capitalism. However injuries and illnesses of workers demonstrated most vividly class exploitation, and were issues around which to organize. The injured worker needs compensation in order for her or him to survive to contribute to the larger struggle. It was also pointed out that while the worker is receiving legal, medical and union help, education about the fact that the benefits received are really inadequate and why this is so should be fully discussed.

The conference ended with enthusiasm generated around follow-up committees and future working together around these issues. The committees that were set up are; Inspection teams of workers, legal and health people to visit factories and find hazards and document them; a health and legal resource committee to explore in detail specific hazards, sharing that information via a monthly bulletin and/or periodic meetings of all concerned. In all committees the question of the interrelationships of workers and professionals will be kept foremost, so that barriers will begin to break down. A subsequent larger conference is being planned, probably for a whole weekend, bringing in resource people from other parts of the country, to take place in 2-3 months.

People who wish to work on the committees of the future conference should write to Occupational Health Project, MCHR, P.O. Box 7677, San Francisco, 94119.